

**Cervical Cancer Task Force
Regular Meeting**

**January 23, 2020
Minutes**

Attending Task Force Members (9):

Rhonda Brown, ADH; Michelle Murtha, AFMC; Dr. Sam Greenfield, AMDPA; Dr. Mike Riddell, AMS; Krista Kirksey, ACS; Daphne Gaulden, AMH; Amanda Deel, Arkansas Academy of Family Physicians; Dr. Kristin Zorn, UAMS; Dr. Joseph Su, UAMS CPH

Absent Task Force Members (4):

Laura Fletcher, Community at Large; Pam Brown, AHA; Kim Wilmot, DHS; (Vacant), Blue Cross/Blue Shield.

Arkansas Cancer Coalition (ACC):

Kirsty DeHan

Other Meeting Attendees:

Misty Smith, ADH; Dr. Jennifer Dillaha, ADH; Amanda Hunter, ADH; Sherri Lester, Community Health Centers of AR; Derick Washington, Community Health Centers of AR.

- I. Welcome & Introductions
 - a. Dr. Greenfield represents the Arkansas Medical, Dental, and Pharmaceutical Association, and took over as chair of the task force from Dr. Dillaha. This is the second meeting chaired by Dr. Greenfield. During the last meeting the task force went over the legislation and what the task force is charged to do.
- II. Approval of Minutes (April 12, 2018; October 11, 2018; April 18, 2019; October 17, 2019)
 - a. The CCTF consists of 12 appointed members and 1 non-voting member, a quorum represents the majority of the members (seven members).
 - b. There is currently one vacant position (Medical Insurance Industry).
 - c. Dr. Riddell motioned to approve the minutes dating back to 2018, Rhonda Brown seconded the motion. A motion to approve the minutes was voted unanimously in favor.
- III. BreastCare Update – Amanda Hunter, ADH
 - a. The BreastCare program is funded through the State Tobacco Tax and the Centers for Disease Control and Prevention (CDC).
 - b. The mission of BreastCare is “to increase the rate of early detection of breast and cervical cancer and reduce the morbidity and mortality rates among women in Arkansas by lowering barriers to screening that result from a lack of information, financial means, or access to quality services”.
 - c. To be eligible for the program you must be:

- i. an Arkansas resident
 - ii. 21-64 years old for cervical cancer services (coverage began in 2016 for ages 21-39)
 - iii. 40-64 years old for breast services, or under 40 with breast cancer symptoms/high risk.
 - iv. at or below 250% of the federal poverty level (the household income was raised in 2016)
 - v. Uninsured or underinsured; requiring diagnostic testing and meet the financial barrier criteria
- d. Services available through BreastCare are:
 - i. Clinical Breast Exam (CBE)
 - ii. Mammogram
 - iii. Breast MRI
 - iv. Pelvic Exam
 - v. Pap Testing
 - vi. Human Papilloma Virus (HPV) Testing
 - vii. Diagnostic Testing
 - viii. Treatment services (Based on certain criteria, refer to Regional Care Coordinator)
- e. There are many OB/GYN, family practice, APRN, FQHC and local health units in the state that provide screening but there is a lack of Colposcopy providers.
- f. BreastCare follows CDC core performance indicators
- g. Regional Care Coordinators (RCC) are located in each region of the state, they provide timely and appropriate follow-up for women with abnormal test results. Coordinators have to follow-up and attempt to get patients to treatment.
- h. Enrollment has increased every year and BreastCare expects to have over 10,000 enroll this year. In the past 6 months there have been 5,906 people enrolled.
- i. BreastCare is currently focusing on homeless shelters, domestic violence homes and substance abuse centers, and tries to guarantee transportation and assistance to the program if they are in homeless shelters.
- j. BreastCare offers Breast and Cervical Cancer Treatment Assistance (BCCTA) to healthcare providers by providing reimbursement for procedures directly related to the treatment of biopsy confirmed breast cancer or cervical pre-cancer/cancer. Reimbursements are based on Medicare rates and are subject to availability of funds. Women must be eligible to apply for Medicaid with an estimated income under 139% of the federal poverty level.
- k. BreastCare has tried to educate the public on its program and has run commercials recently

IV. Member Updates

- a. Dr. Nakagawa is in phase two of a cervical cancer vaccine trial, 67 of 80 people have been recruited and are still needing 13 people to enroll.
- b. Dr. Dillaha has changed role at ADH and is now the Medical Director of Immunization and Medical Response

- c. The 3rd HPV Summit is May 1 at the Crowne Plaza so please add to your calendar if you are interested in attending
- d. The Advisory Committee on Immunization Practices (ACIP) recommends catch-up vaccination for persons through age 26 years who are not adequately vaccinated. ADH is working on funding to catch up persons aged 19-26.
- e. ADH has added a supplemental module to the BRFFS survey this year for HPV vaccine, this may provide a baseline for the age group.
- f. Dr. Dillaha would like to promote the HPV vaccine in colleges to get to those aged 19-26. College health fairs would be a good target for a grant for the HPV vaccine so that someone can administer the vaccine on campus.
- g. Dr. Su said UALR is very interested and possibly Philander Smith. It can be promoted at UALR. It would be an opportunity when coming in for the flu shot to get the HPV vaccine at the same time. If we want to target all public colleges, the Department of Higher Education is over all of the public colleges.
- h. Dr. Dillaha would like to create a standardized letter. The school nurse sends a letter to families about vaccines and HPV is not required. Local health units have a different list to ACIP. ACIP is the recommendation that Dr. Dillaha follows.

V. Other Business

- a. The Mammovan and AMHC have vans that go out into the community. Dr. Zorn says that physicians are willing to do the work, it's just getting to the areas in need.
- b. Is it possible to change the name of BreastCare to include cervical cancer? Many people do not realize that cervical cancer services are provided as part of the program.
- c. The American Society for Colposcopy and Cervical Pathology (ASCCP) came out with recommendations (add as an agenda item for next meeting). Dr. Riddell and Dr. Greenfield will provide information from articles.

Meeting adjourned at 5:30pm.

The next meeting is July 30, 2020.